

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENTForm A  
For use by Members, officers, and employees**HAND  
DELIVERED**

LEGISLATIVE RESOURCE CENTER

Name: JOHN AGNEW CULBERTSON Daytime Telephone: \_\_\_\_\_

2013 MAY 14 PM 4:11

U.S. HOUSE OF REPRESENTATIVES  
THE CLERK  
FOR READING ROOMSA \$200 penalty shall be assessed  
against anyone who files more than  
30 days late.

|              |   |                                    |                                      |  |                         |
|--------------|---|------------------------------------|--------------------------------------|--|-------------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>NEVADA</u>               | District: <u>7</u>                   | <input type="checkbox"/> Officer or Employee | Employing Office: _____ |
| Report Type  | <input checked="" type="checkbox"/> Annual (May 15, 2013)                       | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Termination Date: _____                      |                         |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

|  |   |   |   |
|--|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VIII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?<br>If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | X. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  |   |

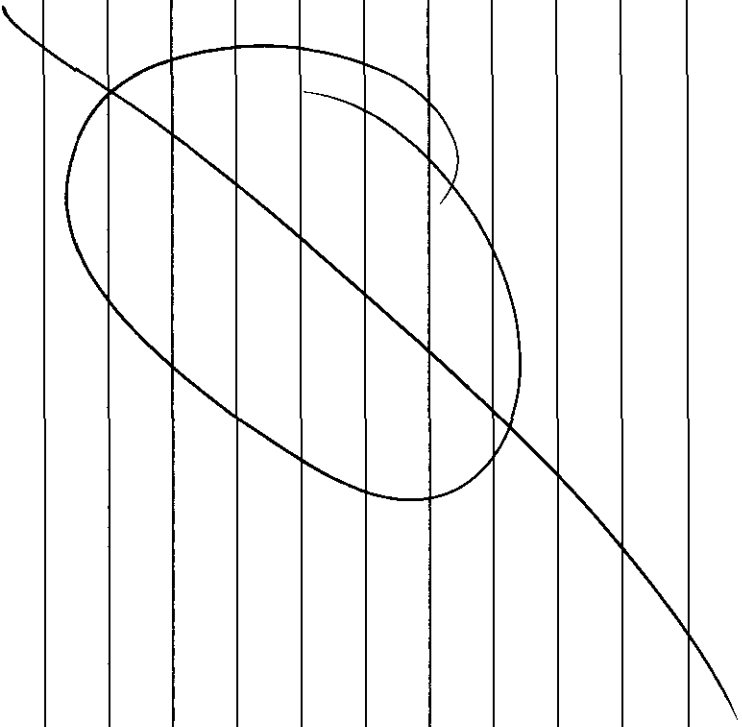
## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

|  |   |
|--|---|
| IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |



**SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

| Source   |  | Activity | Date          | Amount  |
|--|--|----------|---------------|---------|
| Examples:  | Association of American Associations, Washington, DC | Speech   | Feb. 2, 2012  | \$2,000 |
|  | XYZ Magazine   | Article  | Aug. 13, 2012 | \$500   |
|  |  |          |               |         |
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**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

|          |
|----------|
| PURCHASE |
| SALE     |
| EXCHANGE |

Check Box if Capital Gain Exceeded \$200

(MO/DAY/YR),  
or  
Quarterly,  
Monthly, or  
Bi-weekly, if  
applicable

| Amount of Transaction |                                     |
|-----------------------|-------------------------------------|
| A                     | \$1,001-\$15,000                    |
| B                     | \$15,001-\$50,000                   |
| C                     | \$50,001-\$100,000                  |
| D                     | \$100,001-\$250,000                 |
| E                     | \$250,001-\$500,000                 |
| F                     | \$500,001-\$1,000,000               |
| G                     | \$1,000,001-\$5,000,000             |
| H                     | \$5,000,001-\$25,000,000            |
| I                     | \$25,000,001-\$50,000,000           |
| J                     | Over \$50,000,000                   |
| K                     | Over \$1,000,000* (Spouse/DC Asset) |

| SP, DC, JT |          | Asset  |
|------------|----------|--|
| SP         | Example: | Mega Corporation Common Stock (partial sale) |

|   |  |          |                     |
|---|--|----------|---------------------|
|   |  | PURCHASE | Type of Transaction |
| X |  | SALE     |                     |
|   |  | EXCHANGE |                     |

**10-12-12**

**X**

# SCHEDULE V— LIABILITIES

Name John culBERSon

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor                     | Date Liability Incurred Mo/Year | Type of Liability                   | Amount of Liability |                   |                    |                     |                     |                       |                         |                          |                           |                   |                                       |
|------------|------------------------------|---------------------------------|-------------------------------------|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|---------------------------------------|
|            |                              |                                 |                                     | A                   | B                 | C                  | D                   | E                   | F                     | G                       | H                        | I                         | J                 | K                                     |
|            |                              |                                 |                                     | \$10,001-\$15,000   | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Spouse/DC Liability Over \$1,000,000* |
| Example:   | First Bank of Wilmington, DE | May 1998                        | Mortgage on 123 Main St., Dover, DE |                     |                   |                    | X                   |                     |                       |                         |                          |                           |                   |                                       |
|            | AMERICAN EXPRESS             |                                 | REVOLVING CREDIT                    | X                   |                   |                    |                     |                     |                       |                         |                          |                           |                   |                                       |
|            | DISCOVER                     |                                 | REVOLVING CREDIT                    | X                   |                   |                    |                     |                     |                       |                         |                          |                           |                   |                                       |
|            | HOUSTON HOME MORTGAGE        |                                 |                                     |                     |                   |                    | X                   |                     |                       |                         |                          |                           |                   |                                       |
|            | NORTHEAST VA HOUSE MORTGAGE  |                                 |                                     |                     |                   |                    |                     |                     | X                     |                         |                          |                           |                   |                                       |

# SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source  | Description   | Value |
|---|---|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Ethics) | \$375 |
|   |   |       |
|   |   |       |
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|   |   |       |

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**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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